1. PLACE OF BIRTH BUREAU OF VI	BOARD OF HEALTH ITAL STATISTICS CIFICATE OF BIRTH State File No	3
District or Township City City No. 7/0 loh (If birth occurred in a 2. Full name of child. Suana Sepsil 3. Sex of Child To be answered ONLY) 4. Twin, triplet or oth	or Village St. St. St. St. If child is not yet named supplemental report, as descriptions of the supplemental supplem	. maka 📑
femal in event of plural 5. No., in order of be so that the second secon	14. MOTHER Full maiden name Clana Hernan de	ear
9. Residence (Usual place of abode) If non-resident, give place and state. 10. Color or race 11. Age at last birthday 3 9 Years)	15. Residence (Usual place of abode) If non-resident, give place and state. 16. Color or race 17. Age at last birthday. 30	(Years)
12. Birthplace (city or place) basas brances (State or country) lability almost Me 13. Occupation	18. Birthplace (city or place) Mexico. I (State or country) 19. Occupation house wif	Je.
Nature of Industry 20. Number of children of this mother	ive and now living	ıst oph-
I hereby certify that I attended the birth of this child, who was "When there was no attending physician or midwife, then the father, householder, etc should make this return. A stillborn child is one that neither breathes nor whose other avidence of life after hith.	7 1/2 1- es Alvano Il	. D.

Registrar.

Filed Mc4 18 19 30 6 8 30 Registrar.

C.